

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010683

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 51

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN West Plains

Length of stay in lb
1 week

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION West Plains Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howell

c. CITY OR TOWN West Plains

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
511 Leyda

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
John Lafayette Bess

4. DATE OF DEATH Month Day Year
March 25 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-12-1872

9. AGE (last birthday)

89

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Counsellor at Law

10b. KIND OF BUSINESS OR INDUSTRY
Attorney

11. BIRTHPLACE (City and state or country)
Shobinier, Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Wm. Jasper Bess

13b. MOTHER'S MAIDEN NAME

Elizabeth West

14. NAME OF HUSBAND OR WIFE

Zella Dunkin Bess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Zora Lee Bess, West Plains, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cordis-Vascular Renal Disease
Labor Pneumonia - Bronchitis
Ac Pyelo-Cystitis

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *15-3-62* to *25-3-62* and last saw him alive on *24-3-62*
Death occurred *7:30 A* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

West Plains, Mo

22c. DATE SIGNED

26/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-28-1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

23d. LOCATION (City, town, or county) (State)

West Plains, Missouri

24. FUNERAL DIRECTOR

ADDRESS
Carter Funeral Home, West Plains, Mo.

25. DATE RECD. BY LOCAL REG.

3-28-62

26. REGISTRAR'S SIGNATURE

Beatrice Cook

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leland Carter

Licensed Embalmer No. 4516

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.